

MAR 15 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County BoonvilleTownship BoonvilleCity Boonville (No. 1)Registration District No. 912Primary Registration District No. 6232AFile No. 4878Registered No. 10St. Mo. Ward 1

2. FULL NAME

(a) Residence, No. George E. Wilson

(Usual place of abode)

St. Mo.Ward 1

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Leona Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July 4 1863

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

73713

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

MOTHER

13. NAME

William Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Indiana

15. MAIDEN NAME

Mary Elizabeth Harris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

New York

17. INFORMANT (ADDRESS)

Clayton Harrison, Kansas City Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Kays Creek Mo.

DATE

Feb. 19 1937

19. UNDERTAKER (ADDRESS)

W. J. Waters Vandalia

20. FILED

7/19 1937Carrie Z. Utterback

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Feb. 17 1937

22. I HEREBY CERTIFY, That I attended deceased from

no medical attention

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at 11:00 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Probably "Chronic myocarditis"

Other contributory causes of importance:

93

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

Clyde C. Wilkey, Coroner

(Address)

Perry Mo. Ralls Co.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

